

Accommodation Request Form
State Test For Licensure as an Adult Care Home Administrator

If you have a disability and may require some accommodation in taking this test, fill out and submit the Accommodation Request 60 days prior to desired testing date. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation.

The information requested below and any documentation regarding your disability and your need for accommodation in testing is considered strictly confidential and will only be shared with those who must review and approve or disapprove the request.

To Be Completed by Applicant

Name _____

Address _____

Phone Number: home _____ work _____

SSN _____

Accommodations requested for the state test for licensure as an adult care home administrator (*check all that apply*):

- ☐ Large print test
- ☐ Reader
- ☐ Scribe
- ☐ Other: _____

Describe why you require these accommodations: _____

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATIONS PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THE REVERSE SIDE OF THIS FORM COMPLETED.

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby request that the Kansas Department of Health and Environment supply the above requested accommodations to the indicated student.

Signature

Date

**Some accommodation requests may require additional documentation
(see page two/reverse side)**

Documentation of Disability-Related Needs

TO BE COMPLETED BY APPROPRIATE PROFESSIONAL.

If applicant has a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, this section must be completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that the applicant's disabling condition requires the requested test accommodations.

IF APPLICANT HAS EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATIONS PROVIDED TO HIM/HER IN ANOTHER TEST SITUATION, SUCH DOCUMENTATION MAY BE SUBMITTED INSTEAD OF COMPLETING THIS FORM.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- ☐ Large print test
- ☐ Reader
- ☐ Scribe
- ☐ Other: _____

Why does applicant require accommodations requested? _____

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby request that the Kansas Department of Health and Environment supply the above requested accommodation to the indicated applicant.

Signature

Date

Title

License number (if applicable)